

## MDR Tracking Number: M5-04-4075-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 07-28-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the extended MRI's to the upper extremities (73221-WP-22) on 07/28/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 07/28/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of October 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PRD/prd

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** October 19, 2004

**RE:**

**MDR Tracking #:** M5-04-4075-01

**IRO Certificate #:** 5242

\_\_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Submitted by Requester:**

- MRI reports on 7/28/03 of the right wrist, right shoulder and right elbow
- Clinic notes from \_\_\_\_\_ on 7/16/03
- Clinic notes from \_\_\_\_\_ for RUR on 7/17/03

**Submitted by Respondent:**

- RUR on 7/17/03 by \_\_\_\_\_

**Clinical History**

On 7/16/03 \_\_\_\_\_ noted the claimant works in job duty activities which include opening mail, processing checks for deposits and 10-key. The claimant has a history of diabetes. She reported symptoms of neck pain, right shoulder and arm pain. She had a date of injury of \_\_\_\_\_. On 2/18/03 \_\_\_\_\_ diagnosed the claimant with right lateral epicondylitis and right upper extremity numbness. On 3/18/03 EMG/NCV showed right carpal tunnel syndrome. \_\_\_\_\_ assumed care and treated the claimant for numbness of right neck, shoulder and arm. The claimant complains of constant pain in the right side of the neck, shoulder, arm, elbow, hand and fingers. \_\_\_\_\_ felt the claimant to have right lateral epicondylitis and right carpal tunnel syndrome, and felt the claimant to be at MMI with a 0% impairment rating. On 7/28/03 MRI of the right shoulder showed no evidence of rotator cuff tear and minimal fluid in the subacromial bursa. On 7/28/03 MRI of the right elbow showed focal hyperintensity in the common extensor tendon consistent with lateral epicondylitis. On 7/28/03 MRI of the right wrist showed increased signal in the median nerve within the carpal tunnel and minimal tendinopathy of the extensor carpi ulnaris.

**Requested Service(s)**

Extended MRIs to the upper extremities (73221-WP)

**Decision**

I agree with the carrier and find that the services in dispute are not medically necessary.

**Rationale/Basis for Decision**

The claimant has a history of lateral epicondylitis and carpal tunnel syndrome on EMG/NCV. The claimant does not need multiple regions MRIs. The treating physician, \_\_\_\_\_, should have been able to confirm the diagnosis by history and clinical examination as performed by previous treating physicians for lateral epicondylitis and carpal tunnel syndrome. The use of multiple regions MRIs is not indicated as standard of care, not cost effective and unnecessary. As the results of the report also show, the extended MRIs to the upper extremities, including shoulder, elbow, and wrist did not yield any further diagnostic value as the history and clinical exam should have already made the diagnosis for the treating physician. As a result, the use of the MRI of the right shoulder, right elbow and right wrist are not indicated and did not yield any additional information for the treatment of the claimant.